

01-12-05

PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

144

Application Number

09/884,456

Filing Date

June 18, 2001

First Named Inventor

Michael HOUGHTON

Art Unit

1652

Examiner Name

W. Moore

Attorney Docket Number

223002010005

**ENCLOSURES (Check all that apply)**☒ Fee Transmittal Form (1 page in duplicate)☐ Fee Attached☒ Amendment/Reply (28 pages)☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request (1 page)☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/Incomplete Application☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☒ Power of Attorney, Revocation Change of Correspondence Address (2 pages)☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) \_\_\_\_\_☐ Landscape Table on CD☐ After Allowance Communication to TC☐ Appeal Communication to Board of Appeals and Interferences☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please identify below):

1. Exhibits A-J (110 pages)
2. Return Receipt Postcard

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

MORRISON &amp; FOERSTER LLP

(Customer No. 25226)

Signature

Printed name

Gladys H. Monroy

Date

January 10, 2005

Reg. No.

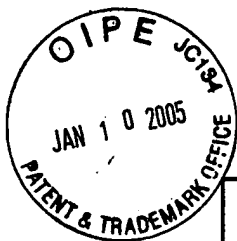
32,430

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV335376736US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 10, 2005

Signature:

(Martina Placid)



PTO/SB/17 (12-04)

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<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
		Application Number	09/884,456
		Filing Date	June 18, 2001
		First Named Inventor	Michael HOUGHTON
		Examiner Name	W. Moore
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1652
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>1,020.00</b>
		Attorney Docket No.	223002010005

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
18	- 26 = 0	x 50.00 =	0.00	Fee (\$)
				360.00
				Fee Paid (\$)
				0.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 6 = 0	x 200.00 =	0.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: 1253 Extension for response within third month

**Fees Paid (\$)**

1,020.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	32,430
Name (Print/Type)	Gladys H. Monroy	Telephone	(650) 813-5711
		Date	January 10, 2005